

| | | | | | | |
|--|--------------------|---|------|--|---------|-------------|
| No. C 136000 | | Due no later than Oct 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | MICHAEL B KLINGLER 329 SOUTH WOODRUFF AVE IDAHO FALLS ID 83401 | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR | MICHAEL B KLINGLER | PO BOX 493 | IONA | ID | USA | 83427 |
| DIRECTOR | BRENDA KLINGLER | PO BOX 493 | IONA | ID | USA | 83427 |
| SECRETARY | BRENDA KLINGLER | PO BOX 493 | IONA | ID | USA | 83427 |
| PRESIDENT | MICHAEL B KLINGLER | PO BOX 493 | IONA | ID | USA | 83427 |
| 5. Organized Under the Laws of: ID C 136000 | | 6. Annual Report must be signed.* Signature: Michael Klinger Name (type or print): Michael Klinger Date: 08/25/2011 Title: Pres | | | | |
| Processed 08/25/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |